

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Timothy Matthews</u>		COURT CASE NUMBER <u>Civ. NO. 06-330-GMS</u>
DEFENDANT <u>Mountaine Farms of Delaware</u>		TYPE OF PROCESS <u>order / complaint</u>
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Mountaine Farms of Delaware</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>Rt. 24 Millsboro, Del. 19966</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<u>Timothy Matthews</u> <u>P.O. Box 1453</u> <u>Seaford, Del. 19973</u>		
Number of process to be served with this Form - 285		
Number of parties to be served in this case		
Check for service on U.S.A.		<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold  
(302) 934-11002006 OCT 23  
DISTRICT OF DELAWARE  
FOLD

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(302) 381-7197

DATE

10-3-06**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <u>BF</u>	Date <u>10-11-06</u>
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I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Martha Aodet - Admin. Asst☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

10/19/06 12:05 pm

Signature of U.S. Marshal or Deputy

SS Scanlon

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: